

US EPA RECORDS CENTER REGION 5



435335



N-146 Notice of Adjudicatory Hrg.

5 Form 8011, July 1, 1982

• SENDER: Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

Show to whom and date delivered .....  
 Show to whom, date, and address of delivery .....

2.  RESTRICTED DELIVERY .....  
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ \_\_\_\_\_

3. ARTICLE ADDRESSED TO: John M. Kyle, III  
Barnes & Thornburg  
1313 Merchants Bank Building  
Indianapolis, IN 46204

4. TYPE OF SERVICE:  REGISTERED  INSURED  
 CERTIFIED  COD  
 EXPRESS MAIL

ARTICLE NUMBER

529127

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

6. ADDRESSEE'S ADDRESS (only if requested)

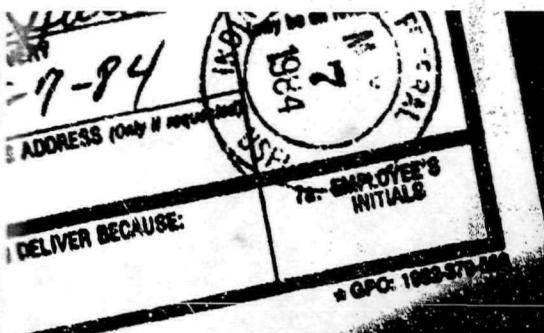
7. DATE OF DELIVERY  
4-13

8. ADDRESSEE'S ADDRESS (only if requested)

9. UNABLE TO DELIVER BECAUSE:

10. EMPLOYEE'S INITIALS

\* GPO: 1983-379-593



N-14 Notice of Adjudicatory Hrg.

G Form 3811, July 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
  - Show to whom and date delivered ..... \$
  - Show to whom, date, and address of delivery .....
2.  RESTRICTED DELIVERY ..... \$  
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO: Lawrence Hagan  
Gary Development Corp., Inc.  
479 N. Cline Avenue  
Gary, IN 46406

4. TYPE OF SERVICE:	ARTICLE NUMBER
<input type="checkbox"/> REGISTERED	<input type="checkbox"/> INSURED
<input checked="" type="checkbox"/> CERTIFIED	<input type="checkbox"/> COD
<input type="checkbox"/> EXPRESS MAIL	529/28

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

5. DATE OF DELIVERY

4-16-84

6. ADDRESSEE'S ADDRESS (only if permanent)

7. UNABLE TO DELIVER BECAUSE:

16- EMPLOYER'S INITIALS  
LBR

RETURN RECEIPT

Notice of Adjudicatory Hrg.  
Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.  
(CONSULT POSTMASTER FOR FEES)

RECEIPT

## N-146 Notice of Continuance

GSA Form 3811, July 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

## (CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

Show to whom and date delivered .....  
 Show to whom, date, and address of delivery .....

2.  RESTRICTED DELIVERY.....  
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ \_\_\_\_\_

3. ARTICLE ADDRESSED TO: Warren D. Krebs  
121 Monument Circle/Suite 503-  
507

Indianapolis, IN 46204 ARTICLE NUMBER

REGISTERED       INSURED  
 CERTIFIED       COD  
 EXPRESS MAIL

529375

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent*Louis H. Krebs*

5. DATE OF DELIVERY

5-7-84



6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

\* GPO: 1982 O-79-600

RETURN RECEIPT

N-146 Notice of Adjudicatory Hrg.

GSA Form 3811, July 1982

- **SENDER:** Complete Items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested .....

Show .....

N-146 Not. of Filing of Find, of

**REMEMBER:** Complete items 1, 2, 3 and 4. Post and return address in the "RETURN TO" space on reverse side. Failure to do this will prevent this card from being returned to you. The return mailing fee will provide the name of the person entitled to and the date of delivery. For additional fees see the following services available. Consult postmaster for fees and check boxes for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to: Warren D. Krebs, Esquire  
121 Monument Circle  
Suite 503  
Indianapolis, IN 46204

4. Type of Service: Article Number: **589553**

Registered       Insured  
 Certified       COD  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address: *Warren D. Krebs*

6. Signature - Agent: *John H. Richey*

7. Date of Delivery: **8-15-84**

8. Addressee's Address (ONLY if requested and fee paid)

REMEMBER: Complete items 1, 2, 3 and 4. Post and return address in the "RETURN TO" space on reverse side. Failure to do this will prevent this card from being returned to you. The return mailing fee will provide you the name of the person entitled to and the date of delivery. For additional fees see the following services available. Consult postmaster for fees and check boxes for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to: Warren D. Krebs  
Part, Richey, Obremayek & Morton  
121 Monument Circle  
Suite 503 - 507  
Indianapolis, IN 46204

4. Type of Service: Article Number: **529377**

REGISTERED       INSURED  
 CERTIFIED       COD  
 EXPRESS MAIL

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address: *Warren D. Krebs*

6. Signature - Agent: *John H. Richey*

7. Date of Delivery: **8-15-84**

8. Addressee's Address (ONLY if requested and fee paid)

N-146 Notice of Concurrence

**REMEMBER:** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

- The following service is requested (check one).
  - Show to whom and date delivered \_\_\_\_\_
  - Show to whom, date, and address of delivery \_\_\_\_\_
  - RESTRICTED DELIVERY \_\_\_\_\_(The restricted delivery fee is charged in addition to the return receipt fee.)

3. ARTICLE ADDRESSED TO: Warren D. Krebs  
121 Monument Circle/Suite 503-  
Indianapolis, IN 46204

4. TYPE OF SERVICE: **TOTAL \$**  
 REGISTERED       INSURED  
 CERTIFIED       COD  
 EXPRESS MAIL      **529375**

I have obtained signature of addressee or agent.

SIGNATURE: *John H. Richey*

DATE OF DELIVERY: **5-7-84**

6. ADDRESSEE'S ADDRESS (only if requested and fee paid)

7. USABLE TO DELIVER BECAUSE: *Postmaster*

RECEIVED BY MAIL

DOMESTIC RETURN RECEIPT

1. SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt he will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.							
2. <input type="checkbox"/> Show to whom, date and address of delivery. <input checked="" type="checkbox"/> Restricted Delivery.							
3. Article Addressed to: Lawrence Ragan Gary Development, Inc. 479 Cline Avenue Gary, IN 46406							
4. Type of Service: <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr> <tr><td><input type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr> <tr><td colspan="2"><input type="checkbox"/> Express Mail</td></tr> </table> Article Number: 5893420		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail							
Always obtain signature of addressee at agent end DATE DELIVERED:							
<input checked="" type="checkbox"/> Signature - Addressee <input checked="" type="checkbox"/> Signature - Agent							
7. Date of Delivery: 10-5-85							
8. Addressee's Address (ONLY if requested and fee paid)							

DOMESTIC RETURN RECEIPT

1. SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt he will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.							
2. <input type="checkbox"/> Show to whom, date and address of delivery. <input checked="" type="checkbox"/> Restricted Delivery.							
3. Article Addressed to: Warren D. Krebs, Esq./121 Monument Circle Suite 503 Indianapolis, IN 46204							
4. Type of Service: <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr> <tr><td><input type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr> <tr><td colspan="2"><input type="checkbox"/> Express Mail</td></tr> </table> Article Number: 589343		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail							
Always obtain signature of addressee at agent end DATE DELIVERED:							
<input checked="" type="checkbox"/> Signature - Addressee <input checked="" type="checkbox"/> Signature - Agent							
7. Date of Delivery: 10-5-85							
8. Addressee's Address (ONLY if requested and fee paid)							

DOMESTIC RETURN RECEIPT

1. SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt he will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.							
2. <input type="checkbox"/> Show to whom, date and address of delivery. <input checked="" type="checkbox"/> Restricted Delivery.							
3. Article Addressed to: Warren D. Krebs, Esq. 121 Monument Circle Suite 500 Indianapolis, IN 46204							
4. Type of Service: <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr> <tr><td><input type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr> <tr><td colspan="2"><input type="checkbox"/> Express Mail</td></tr> </table> Article Number: 529925		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail							
Always obtain signature of addressee at agent end DATE DELIVERED:							
<input checked="" type="checkbox"/> Signature - Addressee <input checked="" type="checkbox"/> Signature - Agent							
7. Date of Delivery: 10-5-85							
8. Addressee's Address (ONLY if requested and fee paid)							

N-146 Notice of Reg. Date

**SENDER:** Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return address will provide you the name of the person delivered to and the date of delivery. If, in addition, has the following services are available. Consent purchaser for fees and check box(es) for service(s) requested.

1.  Show to whom, date and address of delivery.
2.  Restricted Delivery.

3. Article Addressed to:

Warren D. Krabs  
121 Monument Circle  
Suite 500  
Indianapolis, IN 46204

4. Type of Service:

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	Article Number
<input type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail		529929

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*Terry Clegg  
NOV 1 1985*

7. Date of Delivery  
*NOV 1 1985*

8. Addressee's Address (ONLY if registered and fee paid)

N-146 Notice of Registering-on Object

**SENDER:** Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return address will provide you the name of the person delivered to and the date of delivery. If, in addition, has the following services are available. Consent purchaser for fees and check box(es) for service(s) requested.

1.  Show to whom, date and address of delivery.
2.  Restricted Delivery.

3. Article Addressed to:

Warren D. Krabs, Esq.  
121 Monument Circle  
Suite 503  
Indianapolis, IN 46204

4. Type of Service:

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	Article Number
<input type="checkbox"/> Certified	<input type="checkbox"/> COD	529308
<input type="checkbox"/> Express Mail		

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*Tina Huber*

6. Signature - Agent

7. Date of Delivery  
*NOV 1 1985*

8. Addressee's Address (ONLY if registered and fee paid)

N-146 Notice of Registering-on Object

**SENDER:** Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return address will provide you the name of the person delivered to and the date of delivery. If, in addition, has the following services are available. Consent purchaser for fees and check box(es) for service(s) requested.

1.  Show to whom, date and address of delivery.
2.  Restricted Delivery.

3. Article Addressed to:

Lawrence Hagan  
Gary Development Corp., Inc.  
479 Cline Avenue  
Gary, IN 46406

4. Type of Service:

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	Article Number
<input type="checkbox"/> Certified	<input type="checkbox"/> COD	529303
<input type="checkbox"/> Express Mail		

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery  
*NOV 1 1985*

8. Addressee's Address (ONLY if registered and fee paid)

(35) 149-8406-3-1  
RECEIVED: Computer inmate and 2 other additional services are desired, and completed items 3 and 4.

1. Your address in full "NAME TO" enter on the reverse side. Failure to do so will prevent the return service in full. The INTRUST system will automatically add a zip code on a standard form.

2. □ Registered Delivery.

3. □ Return if undeliverable.

4. Address Number

5. 1395 654 D23

6. Type of Service:

Registered

Insured

Special Mail

7. "to obtain signature of addressee or  
sign w/ DATE DELIVERED."

8. Signature & Address (ONLY if  
required and for party)

9. Signature - Agent

X *Deborah Albright*

10. Date of Delivery

12-8-86

11. Domestic Return Receipt

6 Form 3011, Feb. 1985

RECEIVED: Computer inmate and 2 other additional services are desired, and completed items 3 and 4.

1. Your address in full "NAME TO" enter on the reverse side. Failure to do so will prevent the return service in full. The INTRUST system will automatically add a zip code on a standard form.

2. □ Registered Delivery.

3. □ Return if undeliverable.

4. Address Number

5. 1395 654 D22

6. Type of Service:

Registered

Insured

Special Mail

7. "to obtain signature of addressee or  
sign w/ DATE DELIVERED."

8. Signature & Address (ONLY if  
required and for party)

9. Signature - Agent

X *Deborah Albright*

10. Date of Delivery

12-8-86

11. Domestic Return Receipt

6 Form 3011, Feb. 1985

